

State of Iowa
Board of Pharmacy Examiners
400 SW Eighth Street, Suite E * Des Moines, IA 50309-4688
Telephone: (515) 281-5944 * Facsimile: (515) 281-4609

CERTIFICATION OF PHARMACY EDUCATION

As part of the pharmacist license application process, the Iowa Board of Pharmacy Examiners requires that this form be completed by the School at which the applicant received his/her pharmacy education. The applicant is to complete the top portion of the form only. The completed form must be mailed directly from the pharmacy school to the IOWA BOARD OF PHARMACY EXAMINERS. Any processing fees charged by the school or college are the applicant's responsibility. The applicant's signature authorizes release of information, favorable or otherwise, directly to the Board.

Print Name _____ SS# _____
Signature _____ Date _____

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IT IS HEREBY CERTIFIED THAT: _____
(Name of Applicant)

RECEIVED PHARMACY EDUCATION AT: _____
(Name of School)

LOCATED AT: _____
(City, State)

FROM: _____ TO: _____
(month, year) (month, year)

And was granted a Diploma with the Degree of _____

Diploma Received: _____
(month, date, year)

Any derogatory information on file? Yes* _____ No _____

President, Dean, Secretary or Registrar

Print Name _____
Signature _____
Title _____
Phone No. _____
Date _____

**School
Seal**

*Please attach letter of explanation